



PERMIT # _____

Alameda County Fire Department Fire Prevention

FIRE PROTECTION SYSTEM APPLICATION and PERMIT (Modification/Installation)

Job Name: _____ Date: _____

Job Address: _____ City: _____

Building Use or Occupancy Classification: _____

INSTALLING CONTRACTOR INFO: ATTACH A COPY OF WORKER'S COMP & BUSINESS LICENSE

Company Name: _____ License Type/Number _____

Address/City/State/Zip: _____ Email _____

Contact Person: _____ Phone #: _____ FAX #: _____

Email Address: _____

ATTACH CUT, UL, FM, AND/OR SFM LISTING SHEETS FOR ALL COMPONENTS YOU ARE INSTALLING

<input type="checkbox"/> New System	<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair
Underground: <input type="checkbox"/>	NFPA 24 <input type="checkbox"/> NFPA 1142 <input type="checkbox"/>	# of Hydrants: _____	
Fire Sprinklers: <input type="checkbox"/>	# of Heads: _____	NFPA Standard: 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D <input type="checkbox"/>	
Fire Alarm: <input type="checkbox"/>	# of Devices: _____		
Alternative Fire Suppression: FM200 <input type="checkbox"/>	Halon <input type="checkbox"/>	Hood & Duct <input type="checkbox"/>	Vesda <input type="checkbox"/> Other _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued.
- I have and will maintain a Certificate of Consent to self-insure for Worker's Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued. My Worker's Compensation Insurance carrier and Policy number are:

Carrier: _____ Policy No.: _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPANSATION INSURANCE

(This section need not be completed if the permit is for one-hundred dollars (\$100.00) or less.)

I certify that in the performance of the work, for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicants Signature _____ Date _____

NOTE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provision's of the Labor Code, you must forthwith comply with such provisions or this permit will be deemed revoked.

ONE TIME PERMIT: Submit a maximum of (3) sets of completed plans (4) sets in San Leandro, worker's compensation insurance certificate and business license for the city you are working in; one (1) set of hydraulic calculations, seismic bracing load calculation, specifications, and cut sheets. Provide a separate completed application along with the appropriate fees for each address. Target plan review turnaround time is 14 working days however; unusual circumstances may dictate a longer turnaround time. A completed permit application is required for all types of work.

I certify that I have read this application and state that the above information is true and correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of ACFD to enter upon the above mentioned property for inspection purposes.

(We) agree to save, indemnify and keep harmless the Alameda County Fire Department against liabilities, judgments, costs and expenses that may in any way accrue against said department in consequence of the granting of this permit.

Applicant's Signature _____ Date _____

- Fire Department Office Use Only -

APPROVALS:

Revisions Required: _____	Revisions Required: _____	Revisions Required: _____
Contact Notified: _____	Contact Notified: _____	Contact Notified: _____
Approved By: _____	Approval Date: _____	Applicant Notified: _____

FEES DUE: _____	Date Paid: _____	Comments: _____
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Plans Received: _____	Date Due: _____	Plans Received: _____	Date Due: _____
Plans Received: _____	Date Due: _____	Plans Received: _____	Date Due: _____

SYSTEM INSPECTION TEST RECORD:

Underground:

Pre-Pour: _____ By: _____ Hydro: _____ By: _____
 Flow Test & Flush: _____ By: _____ System Final: _____ By: _____

Comments: _____

Sprinklers:

Weld Inspections: _____ By: _____ ; _____ By: _____
 Weld Inspections: _____ By: _____ ; _____ By: _____
 Overhead Hydro: _____ By: _____ ; Overhead Hydro.: _____ By: _____
 Overhead Hydro: _____ By: _____ ; Overhead Hydro.: _____ By: _____
 Overhead Insp: _____ By: _____ ; Overhead Insp.: _____ By: _____
 Overhead Insp: _____ By: _____ ; Overhead Insp.: _____ By: _____
 System Final: _____ ; By: _____

Comments: _____

Fire Alarm System:

Functional Test: _____ By: _____ ; Wire Integrity Test: _____ By: _____
 System Final: _____ ; By: _____

Comments: _____

Alternative Fire Suppression:

Piping Pressure Test: _____ By: _____ ; Functional/Puff Test(s)* _____ By: _____
 Concentration/Door Fan Test: _____ By: _____ System Final: _____ By: _____

* Monitoring FA Interconnection Shut-Down Activation Components Alarm/Detection Components Piping Obstruction/Balloon

Comments: _____